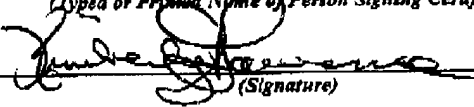
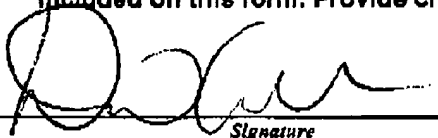


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. GP-302434/GM2-0079	
Applicant(s): Robin Stevenson				
Application No. 10/724,948	Filing Date 12/1/2003	Examiner Tran, Len	Group Art Unit 1725	
Invention: APPARATUS AND METHOD FOR ACCOMMODATING MISMATCH DURING JOINING				
RECEIVED CENTRAL FAX CENTER DEC 29 2005				
I hereby certify that this <u>Amend Trans (1p), Ext of Time (1p), RCE Trans (1p), RCE and Amend (11ps)</u> <small>(Identify type of correspondence)</small>				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)				
on <u>December 29, 2005</u> <small>(Date)</small>				
 <u>Kimberly A. Lawrence</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>				
Note: Each paper must have its own certificate of mailing.				

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. GP-302434/GM2-0079	
Applicant(s): Robin Stevenson					
Application No. 10/724,948	Filing Date 12/1/2003	Examiner Tran, Len	Customer No. 23413	Group Art Unit 1725	Confirmation No. 3580
Invention: APPARATUS AND METHOD FOR ACCOMMODATING PART MISMATCH DURING JOINING					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	20 =	1	x \$50.00	\$50.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$50.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$50.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: December 29, 2005		
David Arnold Registration No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 phone: 860-286-2929 fax: 860-286-0115			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>_____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

P11LARGE/REV09